



IDAHO DEPARTMENT OF HEALTH & WELFARE

C.L. "BUTCH" OTTER -- Governor
RICHARD M. ARMSTRONG --
Director

LESLIE M. CLEMENT - Administrator
DIVISION OF MEDICAID

Post Office Box 83720
Boise, Idaho 83720-0036
PHONE: (208) 334-5747
FAX: (208) 364-1811

February 12, 2009

Amy Wright, Administrator
A New Leaf Inc.
24238 N Stokesberry Place
Meridian, Idaho 83646

Dear Mrs. Wright,

Thank you for submitting Plan of Correction for Residential Habilitation services dated Feb 9, 2009. The Department has reviewed and accepted the Plan of Correction in response to the Department's Compliance Review findings. As a result, we have issued A New Leaf Inc. a full certificate effective February 12, 2009 unless otherwise suspended or revoked.

This certificate is contingent upon the correction of deficiencies. Your agency will be required to submit documentation to substantiate that your Plan of Correction has been met. Your Plan of correction indicates that each deficient practices identified has been corrected. Please submit supporting documentation to show compliance 7 days from receipt of this letter and no later than February 23, 2009.

Fax to: 208-364-1811
Email to: fadnessr@dhw.idaho.gov
Or deliver to: 3232 Elder Street, Boise

You can reach me if you have any questions at 208-364-1906.

Thank you for your patience and accommodating us through the survey process.

A handwritten signature in black ink that reads "Rebecca Fadness". The signature is fluid and cursive, with the first name being more prominent.

Rebecca Fadness
Program Supervisor
DDA/RH Survey and Certification

Statement of Deficiencies

Residential Habilitation Agency

A New Leaf, Inc.

RHA-708

2428 Stokesberry Pl

Meridian, ID 83642-


Survey Type: Recertification

Entrance Date: 11/17/2008

Exit Date: 11/21/2008

Initial Comments: Survey Members: Rebecca Fadness, Program Manager; Greg Miles, Medical Program Specialist.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.704.02.a	Record Requirements	Corrected at time of survey. Time in/out was added to the CFH affiliate meeting form. Participants will sign this sheet as they attend the meetings. Participants are also asked to sign their monthly data sheets as proof of their receipt of such services. Participants will sign the affiliate meeting forms at their next occurrences from this month forward. As the Dept is aware, at time of survey their sample was 100% of our CFH participants, thus it has been completed for all participants.
704.DD/ISSH WAIVER SERVICES - PROCEDURAL REQUIREMENTS. 02. Provider Records. Three (3) types of record information will be maintained on all participants receiving waiver services: (3-19-07) a. Direct Service Provider Information which includes written documentation of each visit made or service provided to the participant, and will record at a minimum the following information: (3-19-07) i. Date and time of visit; and (3-19-07) ii. Services provided during the visit; and (3-19-07) iii. A statement of the participant's response to the service, if appropriate to the service provided, including any changes in the participant's condition; and (3-19-07) iv. Length of visit, including time in and time out, if appropriate to the service provided. Unless the participant is determined by the Service Coordinator to be unable to do so, the delivery will be verified by the participant as evidenced by	Records did not include time in or time out nor the signature of the participant.	

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<p>their signature on the service record. (3-19-07) v. A copy of the above information will be maintained in the participant's home unless authorized to be kept elsewhere by the Department. Failure to maintain such documentation will result in the recoupment of funds paid for undocumented services. (3-19-07)</p>				
<p>Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm</p>		<p>Date to be Corrected:</p>		<p>Administrator Initials: </p>
<p>Rule Reference/Text 16.04.17.203 203.STAFF AND AFFILIATED RESIDENTIAL HABILITATION PROVIDER TRAINING. Training must include orientation and ongoing training at a minimum as required under IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 700 through 706. Training is to be a part of the orientation training and is required initially prior to accepting participants. All required training must be completed within six (6) months of employment or affiliation with a residential habilitation agency and documented in the employee or affiliated residential habilitation provider record. The agency must ensure that all employees, affiliated residential habilitation providers, and contractors receive orientation training in the following areas: (3-20-04)</p>		<p>Category/Findings Training Training consisted of a list without an acknowledgement of training from staff. There was not a date included to support compliance that orientation occurred prior to accepting participants.</p>		<p>Plan of Correction (POC) Each CFH provider has signed and dated the RH Training document establishing when and that they had received such training prior to providing services. This documentation was completed 1/7/09 and 1/9/09. The training log now contains a signature column for the name and qualifications of the trainer. As the Dept is aware, at time of survey their sample was 100% of our CFH participants, thus this has been completed for all participants.</p>

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Date to be Corrected:

Administrator Initials: 

Rule Reference/Text

16.04.17.705.01.b

16.04.17.705. PROVIDER QUALIFICATIONS AND DUTIES. 01. Residential Habilitation. b. All skill training for direct service staff must be provided by a Qualified Mental Retardation Professional (QMRP) who has demonstrated experience in writing skill training programs. (3-19-07)

Category/Findings

Staff Qualifications

Documentation of training did not clearly indicate training was provided by a QMRP.

Plan of Correction (POC)

Corrected at time of survey. Training log now contains a signature column for the name and qualifications of the trainer.

Feb. 9. 2009 11:49AM

No. 2275 P. 5/7

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Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm Date to be Corrected: Administrator Initials: 

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
Additional Terms RH A-5.2 Residential Habilitation A-5.2 The Provider informs each participant or guardian of the services to be received, the expected benefits and attendant risks of receiving those services, of the right to refuse services, and alternative forms of services available.	Record Requirements Agency did not have documentation that the participant or guardian was informed of the services to be received, expected benefits, attendant risks and alternative forms of services available.	These items were added to CFH Participant Rights forms which each current provider has signed. Current providers completed these forms, attesting to having been explained these items at the time of signing the Participants Rights forms prior to service provision, 1/7/09 and 1/9/09. Future affiliates will sign and date this form from this month forward.

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Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm		Date to be Corrected:		Administrator Initials: <i>[Signature]</i>
Rule Reference/Text Additional Terms A-5.10 The Provider discusses the implementation plan(s) with the participant and provides him/her a copy of each plan.	Category/Findings Program Implementation Plan Agency did not have documentation that the provider discussed the implementation plan with the participant and provided the participant with a copy of each plan.	Plan of Correction (POC) Each provider has signed a statement to the effect that they had discussed the plans with the participants and offered them a copy of each plan prior to implementation. Dates of the statements are 11/14/08 and 12/11/08. Future providers will sign such a statement as well.		

Residential Habilitation Agency	A New Leaf, Inc.	11/24/2008
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Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm	Date to be Corrected:	Administrator Initials:
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Administrator Signature (confirms submission of POC):

Date: 2-9-09

Team Leader Signature (signifies acceptance of POC):

Date: 2/12/09